



**COLONY INSURANCE COMPANY  
HANDYMAN MINI-PDQ  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**APPLICATION INFORMATION**

Owner/Partner (16,000 ea.): \$ \_\_\_\_\_  
 Employee Payroll: \$ \_\_\_\_\_  
 Uninsured Subcontractor Payroll: \$ \_\_\_\_\_  
 Leased Employee Payroll: \$ \_\_\_\_\_

Subcontractor Cost: \$ \_\_\_\_\_  
 Total Payroll: \$ \_\_\_\_\_  
 Total Receipts: \$ \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_

- Years in business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
- Are you licensed? \_\_\_\_ Yes \_\_\_\_ No Types of Licenses Held: \_\_\_\_\_
- Risk is a (% of each):
 

New Construction	_____%	Roofing	_____%
Remodeling/Additions	_____%	Residential	_____%
Repair Work	_____%	Commercial	_____%
	(Totals 100%)	Industrial	_____%
			(Totals 100%)

**CONTRACTORS QUESTIONNAIRE**

- Describe types of repair work done: \_\_\_\_\_
- List the last 5 jobs including the cost of those jobs.
 

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
- Explain types of work performed by all insured and uninsured subcontract labor. \_\_\_\_\_
- Are certificates of insurance obtained prior to subcontractors starting work? \_\_\_\_ Yes \_\_\_\_ No
- Minimum Limits Required \$ \_\_\_\_\_
- Maximum number of stories: \_\_\_\_\_
- Describe any losses: \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_